PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE - E

Commissioner for Patents

P.O. Box 1450

Alexandria Virginia 22213

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica | correction and be conditioned below or directed of tions. | for transmitting the ISSU ng the Patent, advance o herwise in Block 1, by (a | JE FEE and PUBLICA rders and notification of a) specifying a new cor | TION FEE (if required in the feet of the f | red). Block vill be mail and/or (b) | ks 1 through 5 s led to the current indicating a sepa | hould be completed where correspondence address as arate "FEE ADDRESS" for |
|--|---|---|---|--|---|---|--|
| CURRENT CORRESPOND | F | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 22902 | | | | | | | |
| CLARK & BRODY 1090 VERMONT AVENUE, NW SUITE 250 WASHINGTON, DC 20005 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| WASHINGTON, DC 20003 | | | | (Depositor's name) | | | |
| | | | | | | | (Signature) |
| | | • | L | | | | (Date) |
| APPLICATION NO. FILING DATE | | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/531,185 | Herbert Gunther | r 12007-0050 6321 | | | | | |
| TITLE OF INVENTION | : COMPOUND BODY | AND METHOD FOR MA | ANUFACTURING IT | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISSU | E FEE TO | OTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | | \$1055 | 08/07/2009 |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS |] . | | | |
| FUQUA, SHAWNTINA T 3742 | | | 219-535000 | _ | | | |
| CFR 1.363). Change of corresp Address form PTO/St "Fee Address" ind | ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address or more recent) attach | (1) the names of up or agents OR, alternate (2) the name of a single registered attorney of 2 registered patent a | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG | ess an assignee is ident h in 37 CFR 3.11. Comp GNEE | A TO BE PRINTED ON assigned iffied below, no assigned pletion of this form is NO | data will appear on the T a substitute for filing a | patent. If an assign n assignment. TY and STATE OR C | COUNTRY) | | ocument has been filed for |
| Please check the appropr | iate assignce category or | categories (will not be pr | rinted on the patent): | 🗖 Individual 🗓 Co | orporation o | or other private gro | oup entity Government |
| 4a. The following fec(s): \[\begin{align*} \begin{align*} \text{Issue Fce} \\ \begin{align*} \text{Publication Fee} \text{(N)} \\ \text{Advance Order - } \text{if } \end{align*} | o small entity discount p | b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1088 (enclose an extra copy of this form). | | | | | |
| | tus (from status indicate | | | | | | |
| | s SMALL ENTITY state | | b. Applicant is no l | | | | |
| nterest as shown by the | ecords of the United Sta | uired) will not be accepte | d from anyone other that office. | the applicant; a regi | stered attor | ney or agent; or th | ne assignee or other party in |
| Authorized Signature | / 7 | Date Jui | ne 24, | 2009 02 40000032 | 10531185 | | |
| Typed or printed name | <u>Christophe</u> | | Registration 1 | <u> 19633, 6</u> | 513 | 755.00 OP | |
| This collection of informan application. Confident | ation is required by 37 Chiality is governed by 35 | CFR 1.311. The information U.S.C. 122 and 37 CFR | on is required to obtain of 1.14. This collection is | r retain a benefit by testimated to take 12 i | ne public w minutes to comments on | which is to file (and complete, including | d by the USPTO to process) ag gathering, preparing, and me you require to complete |

Submitting the Complete application form to the 35 TO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.